

## OFFICIAL USE

Employer # \_\_\_\_\_

Processor \_\_\_\_\_

Refund Amount \$ \_\_\_\_\_

Ck# \_\_\_\_\_ Mailed \_\_\_\_/\_\_\_\_/\_\_\_\_

## INCOME TAX REFUND REQUEST

CITY OF TROY

INCOME TAX DEPARTMENT

100 South Market St.

Troy, OH 45373

(513) 339-3861

NO REFUND OF LESS THAN \$ 1.00 WILL BE PAID

Name \_\_\_\_\_

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Address \_\_\_\_\_

Address during claim period \_\_\_\_\_

Refund Claim period \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ ( If you are filing a claim for more than one year, a separate form must be filed for each year. )

A - C = D x .0175 = E      B - E = Refund

(A) Gross Income per W-2 \$ \_\_\_\_\_  
( Attach copy or photocopy of W-2 )

(B) \$ \_\_\_\_\_ Troy City tax withheld per W-2

(C) Subtract Income exempt from Troy City Tax  
( Compute on back ) \$ \_\_\_\_\_

(D) Troy Taxable Income \$ \_\_\_\_\_

Multiply (D) by .0175 =

(E) \$ \_\_\_\_\_ City Tax Due  
Subtract from (B)

(F) \$ \_\_\_\_\_ City Tax Withheld  
REFUND

Give the reason for the refund request. \_\_\_\_\_

I certify that all facts and figures given are true and complete and a refund has not previously been claimed or received by me of the period covered by this claim.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Claimant's Signature)

EMPLOYER VERIFICATION ( This section must be filled out before the request will be processed. )

I verify that during 19\_\_\_\_, the above named employee's total salary and/or wages was this amount \$ \_\_\_\_\_ from which \$ \_\_\_\_\_ Troy City Tax was withheld and remitted to the City of Troy. I also verify that \_\_\_\_\_ days/hours of the employee compensation was for work done or for services performed outside the City of Troy. No portion of said taxes has been or will be refunded directly to the employee and no adjustments to our withholding account will be requested with the City of Troy concerning this employee. The address of the primary work location or assignment station was \_\_\_\_\_ for the claim period.

\_\_\_\_\_  
( Employer/ Representative Signature )

\_\_\_\_\_  
( Title )

\_\_\_\_/\_\_\_\_/\_\_\_\_  
( Date )

# CALCULATING YOUR TAX EXEMPT INCOME.

USE THE PER DAY INCOME OR PER HOUR INCOME BUT NOT BOTH IN CALCULATING YOUR EXEMPT INCOME.

## Based on per day income

Divide your gross wage per your W-2 by 260 days to determine your income per day. Multiply your income per day, IPD, times the number of days you worked outside the City.\* See note below. This gives you your amount of exempt income.

$$\frac{\text{Gross Wage per W-2}}{260 \text{ days}} = \frac{\text{Income per day}}{\text{carry to the 4th decimal}} (x) \text{ Number of days worked out} = \text{Exempt Income}$$

Example:

$$\frac{\$ 42,000.00}{260} = \$ 161.5385 (x) 25 \text{ days} = \$ 4,038.46$$

$$\frac{\$ \quad .}{260 \text{ days}} = \$ \quad . (x) \quad \text{days out} = \$ \quad .$$

Place on Line C front page.

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## Based on per hour income

Divide your gross income per your W-2 by 2,080 hours to determine your income per hour, IPH. Carry the division to the fourth decimal place. Multiply your IPH by the number of hours you worked outside the city to arrive at your exempt income.

$$\frac{\text{Gross Wage per W-2}}{2,080 \text{ hours}} = \text{Income per hour} (x) \text{ Number of hours worked out} = \text{exempt income.}$$

Example:

$$\frac{\$ 42,000.00}{2,080} = \$ 20.1923 @ \text{ hour, } (x) 200 \text{ hours} = \$ 4,038.46 \text{ exempt income}$$

$$\frac{\$ \quad .}{2,080} = \$ \quad . (x) \quad \text{hrs.} = \$ \quad .$$

Place exempt income on Line C front page.

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\* A list must accompany the request showing the dates and places worked outside the City.  
DO NOT INCLUDE ANY WEEKEND DAYS, VACATION DAYS, HOLIDAYS OR SICK LEAVE

Example:

1/21/83	Tampa, FL	1
1/24/83 to 1/28/83	Miami, FL	5

If you are a truck driver and only work within the City for a short time per day, it is not necessary for you to provide the list.